

# EMS Provider Compliance Guidelines

## SECTION A

### TERMINOLOGY

#### **“24/7”**

Twenty four hours a day, 7 days a week.

#### **“designation”**

1. Indicates minimum level of compliance a vehicle is required to maintain.

#### EXAMPLES:

BLS, ALS, MICU

**or**

2. (a) Indicates minimum level of compliance; plus  
(b) a higher level at which the vehicle is required to be compliant when the vehicle is staffed by persons whose certifications correspond to the “with capability” level of the vehicle.

#### EXAMPLES:

BLS with ALS capability, BLS with MICU capability, ALS with MICU capability.

A designation document must be prominently displayed in the patient compartment of each EMS vehicle when in service or response ready and must indicate at least:

- (1) the firm’s name;
- (2) the firm’s license number; and
- (3) the level of designation of the vehicle in which the designation is displayed.

#### **SAMPLE ACCEPTABLE DESIGNATION**

<b>EMS VEHICLE DESIGNATION</b>	
Firm Name	_____ XYZ EMS _____
Provider license number	_____ 246123 _____
This vehicle is designated as:	
_____	Basic Life Support (BLS)
_____	Advanced Life Support (ALS)
_____	Mobile Intensive care Unit (MICU)
_____	BLS with ALS Capability
<u>  X  </u>	BLS with MICU Capability

Designations may be moved among different vehicles within a provider’s fleet. Designations are not transferrable from one licensed provider to another. TDH must be notified within 10 days of any changes in the variety of designations in the fleet.

**EXAMPLE:**

A provider has a 10 vehicle fleet. All the vehicles are designated MICU. The provider wants the designation of 5 of the vehicles changed to BLS. The department must be notified within 10 days. There is no fee for changing designations. Although the 2 different types of designations may be moved freely among vehicles in the fleet, each vehicle is required to have all personnel, equipment, supplies and protocols appropriate to the designation of the vehicle.

**“immediately available”**

Equipment is considered immediately available if it can be placed in a bag or box on an EMS vehicle prior to response without causing a prolonged delay in the response time of the vehicle. Equipment in a locker in the ambulance bay would generally be considered immediately available, providing, it is not a situation where immediate access is denied to anyone on duty. Equipment in a locker on the third floor or equipment in a roving supervisor car would not be considered immediately available. Numerous individual supplies and pieces of equipment on shelves would not be considered immediately available because they could not be collected and placed on a vehicle without significantly delaying response time. The same supplies and equipment contained in one or two boxes or bags would be considered immediately available since they could be placed on a vehicle with no delay.

**EXAMPLE:**

A vehicle is designated as BLS with MICU capability. All the MICU “with capability equipment” must be on board or “immediately available” for inspection.

Equipment for “out of service” vehicles which are still on the provider’s “EMS Vehicle Form” would be subject to unannounced inspection, and would therefore have to be on the vehicle or immediately available.

**EXAMPLE:**

A vehicle has been taken out of service to repair the transmission. The vehicle itself is not subject to inspection, but the equipment assigned to it is.

**“in service”**

An EMS vehicle is in service when at the scene or en route to a facility with a patient. When in service a vehicle must comply with all licensure requirements (approved vehicle, designation, staffing, equipment and supplies, protocols). A vehicle is not, for compliance purposes, “in service” when responding to a scene.

**“mutual aid”**

Assistance provided by one provider to another whose resources are overwhelmed. This is NOT the same as the assistance provided by one provider to another who, for example, fails to respond because they cannot get a crew together which is a case of a provider not meeting the requirements of their license obligations and exploiting a neighboring service to provide necessary coverage. A mutual aid agreement is not the same as an agreement between providers describing how 24/7 coverage will be provided to a specified service area.

**“out of service”**

A vehicle is considered out of service if it is incapable of response, patient transport or of providing patient care. An out of service vehicle is not subject to unannounced inspection, but the

equipment intended for it is, and the provider must show personnel associated with the firm adequate to staff the vehicle when placed back in service. If a provider does not want equipment and staffing associated with an out of service vehicle to be subject to unannounced inspection, the provider must notify the department and request that vehicle be removed from the provider's vehicle list. However, if the vehicle is put back in service, the provider will owe the applicable fee as for any other addition to the fleet. EMS vehicles may not be taken out of service to avoid unannounced inspection.

**EXAMPLE:**

A vehicle has been taken out of service to repair the engine. The vehicle itself is not subject to inspection, but the equipment assigned to it is, and the provider must show corresponding staffing.

**“reserve”**

A reserve vehicle is a vehicle which is not a part of a provider's daily operating fleet. It is intended to temporarily replace a designated vehicle when the designated vehicle is out of service. A reserve vehicle does not have its own designation, so when a reserve vehicle is placed in service it must display the designation taken from the vehicle it replaces. Reserve vehicles ARE SHOWN on the provider's "EMS Vehicle Form" submitted to the department, but NO FEE is required, and they ARE NOT SUBJECT TO INSPECTION when in reserve status. Reserve vehicles are not required to have any equipment/supplies when not in service. **However, once placed in service a reserve vehicle is subject to all requirements of the vehicle it replaces.**

**If a reserve vehicle is put in service**, and it increases the total number of active vehicles in the provider's fleet, the **department must be notified** within ten days of the vehicle's designation, and an appropriate **fee must be paid**. The addition of a vehicle to the fleet may also necessitate a modification of the provider's staffing plan.

**“response ready”**

All EMS vehicles in the provider's fleet which are not transporting a patient or which have not been taken out of service are considered response ready. Response ready vehicles are subject to unannounced inspection. They must have on board or immediately available, correct and complete equipment consistent with the provider's staffing plan and vehicle designations.

**“staffing”**

Providers are required to maintain staffing which matches the number and designations of the provider's vehicles AND which allows all in-service and response ready vehicles to respond 24/7.

**EXAMPLE:**

A provider has a fleet of 6 vehicles - 3 BLS and 3 MICU. The provider must show a number of personnel adequate to allow all 6 vehicles to respond 24/7 - 3 at the BLS level and 3 at the MICU level. The provider must show a staffing plan which provides 24/7 staffing with at least 2 ECA's for the 3 BLS vehicles. The provider must also show staffing which provides 24/7 staffing with at least an EMT and a Paramedic 24/7 for the MICU's.

**EXAMPLE:**

A provider has a fleet of 6 vehicles - 3 BLS and 3 BLS with MICU capability. The provider must show a number of personnel adequate to allow all 6 vehicles to respond as BLS 24/7. In addition, the provider must have at least 3 Paramedics and at least 3 other personnel certified

as EMT's or above. These individuals may be physically with the MICU capable vehicles or on an active duty/membership roster.

Generically "staff" on EMS vehicles are any personnel who provide patient care. However, **for purposes of compliance and/or defining designation levels**, persons are considered to be staffing a provider's EMS vehicle **only** if those persons meet the following criteria:

- (1) They are EMS certified or licensed by the department;
- (2) the provider knows or has a reasonable expectation the personnel will be on a vehicle or responding to a scene. (Usually this means personnel are on duty or on call.); and
- (3) they accompany the patient during transport in an EMS vehicle.

**EXAMPLES:**

- (1) A non-EMS certified RN, PA or physician who is part of a first responder group responds to a 911 call and rides in with a patient. That person is not EMS certified so cannot staff the vehicle.
- (2) An off duty paramedic who works for Service "A" on his way home from a second job, stops to assist, and rides in with a two person EMT crew who are also with a Service "A" vehicle that is designated BLS with MICU capability. The Paramedic is not staffing the vehicle because he is not on duty or on call, and the provider had no reasonable expectation that the paramedic would be on scene. Therefore, the Paramedic does not define the vehicle as an MICU.
- (3) A Paramedic from Service "B", on duty or not, assists an EMT crew in a Service "A" vehicle that is designated BLS with MICU capability. The vehicle is not defined as an MICU because the paramedic is not on duty or on call with Service "A".
- (4) Service "C" has a fleet of 10 BLS with MICU capability vehicles. These vehicles are designated "Response" 1 through 10. The normal crew is 2 EMT's. The service also uses roving Paramedic supervisors in non-transport cars. An on duty Paramedic supervisor responds to a 911 call. The Paramedic assesses and assists with some BLS treatment of a patient in Response 1 while a more critically injured patient, who will be transported in Response 2, is being extricated. The Paramedic supervisor gets out of Response 1 and it leaves the scene with the two person EMT crew. When the critical patient is extricated, the Paramedic accompanies the patient in Response 2. Response 1 is **not** as an MICU since the Paramedic who did not accompany that patient is therefore not considered staffing Response 1. However, Response 2 **is** now considered a fully active MICU since the Paramedic is accompanying the EMT's with that patient.

**"standard of care"**

Care equivalent to what any reasonable, prudent person, of like certification (license) level would have given in a similar situation based on local or regionally adopted standard emergency medical services curricula.

**"with capability"**

Vehicles are defined at the "with capability" level by the assignment of specific staff. There are 3 categories of "with capability" designations - BLS with ALS capability, BLS with MICU capability and ALS with MICU capability. Vehicles must comply only with the lower level (BLS

or ALS) until the vehicle is defined by the provider at the “with capability” level.

**EXAMPLE:**

An EMS vehicle which has a BLS with MICU capability designation is required to comply only with BLS requirements until the provider assigns an EMT (or above) and a Paramedic. This staffing defines the vehicle as an MICU, and it then must meet all MICU requirements.

**“with capability equipment”**

This is the equipment required to meet a vehicle’s “with capability” designation. One set of appropriate “with capability equipment” is required for each vehicle having a “with capability” designation.

**EXAMPLE:**

I.V. fluids, advanced airway equipment, medications and a monitor/defibrillator would be required for each BLS with MICU capability vehicle. When operating at the MICU level a vehicle would be required to have all this equipment on board. When the vehicle is operating at a level below MICU all, or part, of the “with capability equipment” could either be on the vehicle or “immediately available”.

With the exception of with capability equipment, all required equipment must be on all in-service and all response ready vehicles 24/7.